

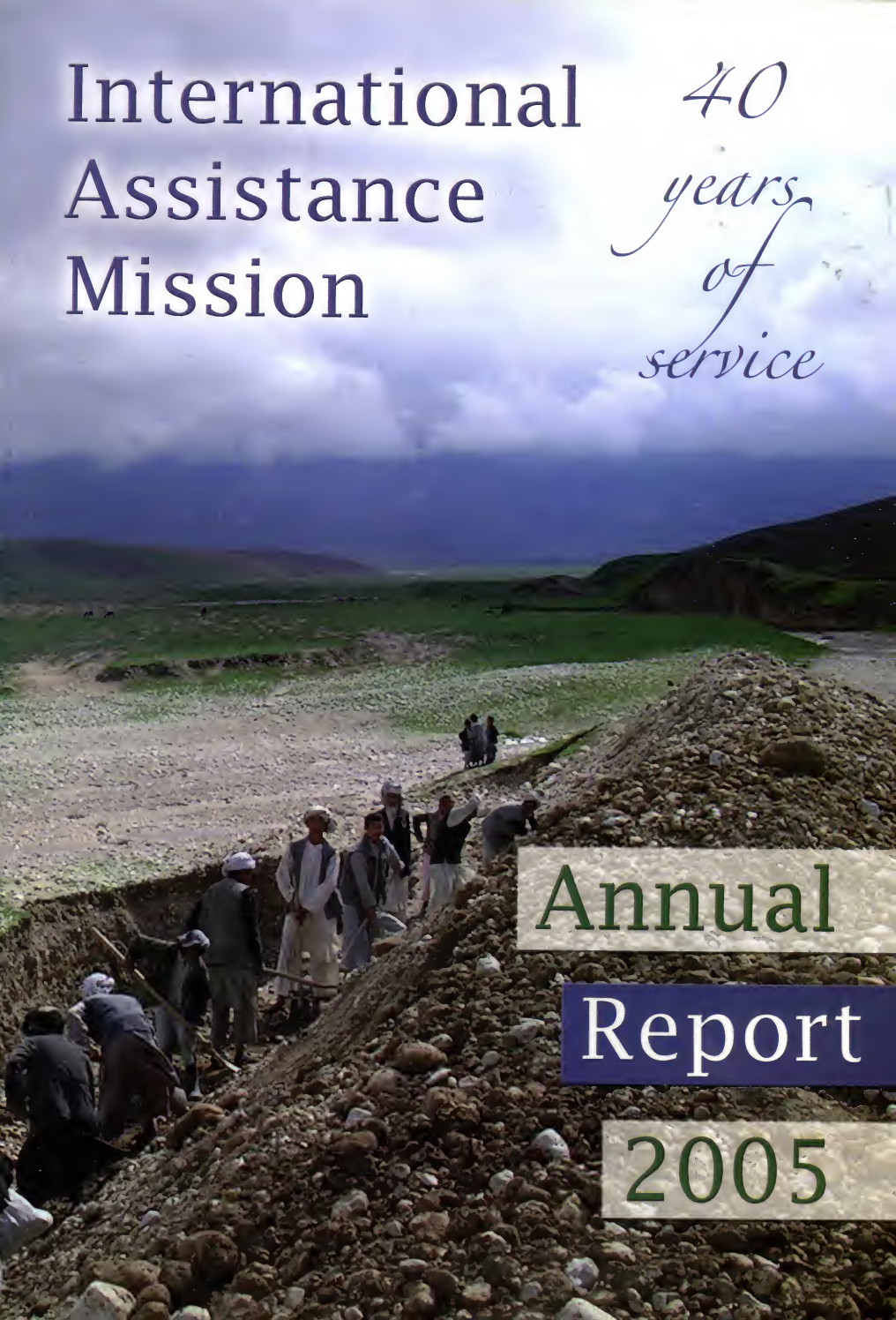
# International Assistance Mission

*40  
years  
of  
service*

Annual

Report

2005



IAM

is an *international* association of

*Christian* organisations *serving* the people of  
*Afghanistan*

with compassion and excellence in the name & spirit of

*Jesus Christ*

through

*training & capacity building*

that fosters wholeness and transformation.



## **From the Executive Director**

**1-4**

An opening message from Harri Lammi who has been the executive director of IAM since 1999

## **Eye Care**

**5-14**

IAM's longest running programme working with the Afghan Government to provide most of the eye-care in Afghanistan

## **Professional Training**

**15-22**

As Afghanistan rebuilds, there is a great need to equip the national professionals leading this process

## **Livelihoods & Development**

**23-30**

Afghans - individuals & communities - long to move beyond dependence on external help and IAM shares this longing, working with them to achieve it

## **Health**

**31-38**

With high infant mortality rates and poor access to health care by the majority of the country, IAM continues to partner with the government and communities to change this reality

## **Support Departments**

**39-44**

With our international headquarters in Kabul and much of the logistical support for our volunteers co-ordinated centrally, our support departments are a vital part of the smooth running of IAM

## **Financial Report**

**45-48**

Our finances for the year with a comment from our finance director, Steve Martin

# From the Executive Director

**Dear readers,**

## **Not us, but God's faithfulness**

We are pleased to present to you the IAM 2005 Annual Report and do so with a special sense of thankfulness to God, since at the time of its publishing IAM has served the Afghan people for 40 consecutive years. These 40 years, during which IAM has assisted and built up the capabilities of the Afghan people are, above all, a demonstration of God's faithfulness. Some of these years have been very unstable and unpredictable and the Afghan people have witnessed many tragedies of war. For IAM, it is an honour and privilege, that in our role

as an assistance organisation, we have been considered a credible development partner for the Afghan people through these years. The impact of IAM's work has been remarkable; every year an estimated 350,000 Afghans benefit directly from IAM's capacity building and service delivery projects. I estimate that since its beginnings in 1966, IAM has assisted through its projects some 7 to 8 million Afghans.



## **Some highlights of IAM's work**

Service and capacity building have characterised IAM's work for 40 years. Whenever possible, IAM's development co-operation has reached vulnerable Afghans even in the remotest areas of the country, particularly through the NOOR Eye Care Programme. Moreover, in the past 9 years, IAM Community Development and Micro Hydro projects have been serving the far flung rural areas resulting in enhanced and improved livelihoods.

Even the more institutional projects, such as eye hospitals, physiotherapy and mental health training projects, have provided valuable direct services to the people, whilst keeping capacity building in those professions as their primary focus. The goal for such projects is that national professionals are equipped to serve their own people in locations where no services exist.

There are some special achievements that should be highlighted in this report. Firstly, the IAM Eye Care Programme (NOOR) provides specialised health care to the Afghan people at approximately \$ 0.5 per capita. This is largely because of skilled Afghan staff and volunteer expatriate professionals. This provision of specialised health care at such a low cost is truly an achievement, which benefits the Afghan people. By comparison, the provision of primary health care through the Basic Package of Health Care Services, was given the initial estimate by the World Health Organisation (WHO) of \$4.50 per head.

Another achievement is the graduation of 200 Afghan Physiotherapists, who received training in the IAM-established physiotherapy institute (PTI), now serving

in 16 provinces around the country. This is the most equitable distribution of a single health profession per head of population of all the health disciplines.

Also a significant achievement is the provision of electricity to rural villages through building of small (3-30 kW) hydropower stations. So far the IAM RESAP project has partnered with some 200 rural villages in providing them with hydropower based electricity.

### **Why are NGOs needed?**

The Non Governmental Organisation (NGO) concept can be misleading – at least the term itself. People easily understand NGOs standing for “not wanting to co-operate with the Government”. In actual fact, the term NGO means that the organisation is neither governed nor managed by government institutions and is not a political instrument of any government. NGOs are a product of civil society, encouraging voluntary value-based interaction and service. Generally the global community considers NGOs as valuable contributors into sectors of society where governments are not in a position to deliver adequate services and assistance. We hope that Afghanistan will continue to promote a society where its people can contribute and participate in further development.

### **IAM – an assistance partner organisation**

IAM is an international association. When IAM was established on February 2nd 1966, there were no NGOs. By virtue of the current legislation, IAM is classed and registered as an NGO. However, we see ourselves more as an “Assistance Partner Organisation” since we have from the very beginning partnered with the Afghan Government. We are also an association of twenty nine supporting agencies. Therefore, cooperation is not just a “compulsory negative” for us but a basic positive value: we place great importance on close co-operation with the Afghan Government and with supporting agencies, as well as with other assistance organisations.

### **IAM volunteer professionals are an asset to Afghanistan**

IAM's special gift to Afghanistan is its expatriate Christian professional volunteer workers. They are neither paid by IAM nor salaried through programme funding but instead raise their own personal support. The other special gift is the dedication of the workers, expatriate and Afghan. As an example, Herb Friesen was one of the most committed servants of God that I have ever seen. Dr. Herb Friesen (an Ophthalmologist) started serving the Afghan people in 1966. He passed away on 12th September 2005 having been diagnosed with cancer while working in Afghanistan. His wife, Ruth, and the rest of the family continue to be heart friends of Afghanistan.

### **Thanks to IAM Donors**

Special thanks go to the many committed Donors of IAM. Many of the Donors are actually IAM Member Agencies, which have supported the Afghan nation for many years. Some of the IAM Member Agencies are also eligible for governmental funding as recognised civil society organisations. The Governments of Finland,



# Financial Report

As IAM celebrates its 40th anniversary in Afghanistan, I would like to thank all those who have contributed to the projects, financially and otherwise, again in 2005.

## Changes over the years

Finance work during previous years was very different. Most significantly, during the 1990s large fluctuations in the afghani to dollar rate presented significant challenges. In 1991 the exchange rate was approximately 800Afs to the dollar, but by the year 2000 this had risen to about 100,000 Afs per dollar. This rapid inflation necessitated the use of a dollar-based system for all IAM accounts. Also during these years there were two Afghan currencies, having different dollar exchange rates. Since the introduction of the new Afghan currency in 2002 the exchange rate has remained stable, enabling IAM to use a multi-currency system once again. Technological advances have also made changes. In previous years we had to wait about two months for bank statements to reach us by mail, adversely affecting cash-flow management. Now bank statements can be regularly checked online. Another big change is the growth in IAM's work and correspondingly in the total budget (\$1 million in 1991 compared to \$4 million in 2005).

## Funding for 2005

(See chart) Of particular note the is the extensive support (66%) by Member Agencies, some in the form of direct contributions and also by acting as a channel for major donors, such as the Finnish and Swedish Foreign Ministries. Donations of private individuals made up

## Sources of program





in education, health care provision and reconstruction while encouraging lasting and consistent values, is likely to gradually strengthen the peace process. Despite some setbacks in security, there is very little indication that such incidents would shake the resolve of Afghans to get on with their lives.

It has also been an encouragement to see how Afghanistan has continued to shape its strategic development action plan. In 2002 the National Development Framework (NDF) gave the initial vision and outline for Afghanistan's development strategy. In 2004 the Afghan Government pressed on with the document "Securing Afghanistan's Future" (SAF), to enable donors to see cohesive strategy development, built on the NDF. The strategic and critical thinking continued and resulted in the presentation of the Afghanistan National Development Strategy (ANDS) to the January 2006 Donor Conference in London. The Millennium Development Goals (MDG) is included in this ANDS. IAM continually uses these documents for its own strategic and long-range planning.

I congratulate his Excellency President Hamed Karzai for the many achievements in development, democracy and governance. I assure him of our support and prayers for the country's future. I also want to congratulate the newly elected Parliament and wish them well in the challenges ahead. Foremost the appreciation must go to the Afghan people for wanting to take their own country forward. IAM looks forward to further co-operating with the honourable Afghan people – for the betterment of their future.



Harri Lammi,  
IAM Executive Director

*"The International Assistance Mission has been serving the people of Afghanistan for the past 40 years through its health and economic development projects. From my point of view, as one who has been working in the NGO department for the past 10 years and who has visited some of IAM's projects and read its reports, I think the projects are really useful and have performed good services in the field of health and economic development, especially the great NOOR programme that almost everyone in this country is familiar with. During the past 40 years NOOR's services in the treatment of eye patients has been greatly appreciated."*

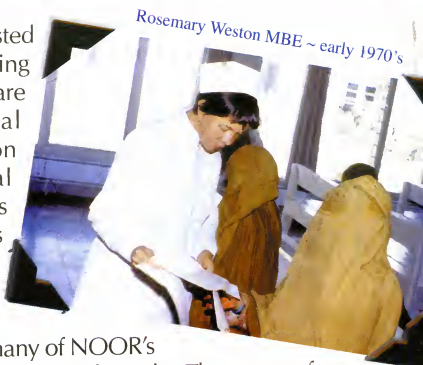
*I hope God the Almighty would provide more success for the NGO and its workers.*

*Engineer Zalmai  
NGO Department,  
Ministry of Economy*

IAM re-registered with the Ministry of Economy in August 2005

# Eye Care

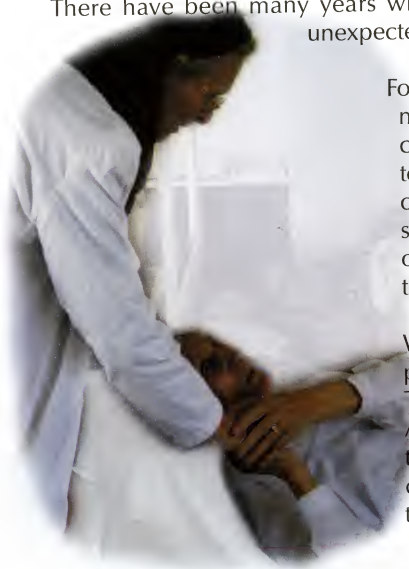
In 1965 the Government of Afghanistan requested the assistance of Christian organisations working with eye care in Pakistan to develop the eye care of Afghanistan. As a result the National Organisation for Ophthalmic Rehabilitation (NOOR) was started by the International Assistance Mission (IAM), formerly known as the International Afghan Mission. This precedent of close co-operation and working relationship with the Government, mostly with the Ministry of Public Health (MoPH), has continued throughout NOOR's history. In many of facilities IAM and government employees work side by side. The years of instability and dramatic or frequent changes of government have caused difficulties at times, but the vision of developing the skills and capacity of both government and private employees was never lost.



National self-sufficiency has been a key part of NOOR's vision for the country. The focus on training of eye care professionals, and more recently charging of fees (all of the proceeds being put directly back into the facilities) has contributed to this. Various designs of community clinics, aimed at being self-sustaining have been tried over the years. One reason for this is that funding for institutions has always been challenging. Few donors see operational costs as a funding priority. There have been many years when IAM has seen God's faithfulness in the unexpected provision of desperately needed funding.

For many years the national infrastructure has been minimal, so NOOR has not only enjoyed the challenge of providing eye care, but also had to develop necessary support systems. Provision of their own utilities (electricity, water, sanitation), supply and transportation network and even use of the IAM radio communication system between the geographical locations was required.

Working in Afghanistan and with the Afghan people has been, and continues to be, a privilege. Thanks go particularly to the many hundreds of Afghan staff who have worked with NOOR over the years. Many have shown extraordinary commitment to provision of eye care services to their fellow citizens.





## Kabul

A dedicated eye hospital was built in co-operation with the MoPH and this was nationalised in 1973. This became the focal point for treatment and for the training of eye care professionals throughout the next two decades despite the political upheaval that ensued.

Following an invitation from the Ministry of Education, NOOR established a second eye hospital in the Medical Faculty of Kabul University. The University Eye Hospital and the Ministry of Public Health Hospital located in the Central Polyclinic, combined have more than 100 beds. In 2005 more than a quarter of a million patients were seen in these two facilities.

	2005	compared with 2004
UEH Outpatients	31,649	+17%
MoPH Outpatients	96,828	+8%
UEH Surgeries	3,318	+9%
MoPH Surgeries	4,711	-6%
Doctors in Training	8	+1

Presently IAM has one expatriate Ophthalmologist teaching at the University Eye Hospital, where Afghan Ophthalmologists trained by the IAM are also teaching doctors.

## Herat

The development of Herat Ophthalmic Centre (HOC) started in 1973, but the hospital did not open until 1978. IAM had to stop its work in Herat because of the war. During the last years of the Soviet invasion, two local Eye Doctors took charge of the hospital and in 1990 the first attempts were made to restart the IAM's hospital management. Repairing the hospital roof was the first task undertaken as IAM continued its work in Herat at the end of 1992.

The IAM has since supported the MoPH staff at the hospital through providing care in the hospital as well as conducting eye camps in surrounding provinces.

One significant development in 2005 was that an expatriate Ophthalmologist was assigned to train eye doctors in Herat.



# Mazar-e-Sharif

In August 1992 the war in Kabul became so severe that for the second time in four months IAM evacuated all families with children from Kabul to Uzbekistan. Two families stayed in Mazar-e Sharif so that IAM could hopefully establish work in the northern areas. Surveys indicated that there was virtually no eye care available and a request soon came from the Ministry of Health, inviting IAM to begin eye care in the north.

After some local negotiations, IAM was given exclusive rights to renovate a war damaged site on the edge of Mazar-e-Sharif. Dr. Herb Friesen came back to Afghanistan to train local doctors in eye surgery and on Sept 14, 1994, Mazar Ophthalmic Centre (MOC) opened its doors to the public.

MOC was immediately inundated with patients. The patient numbers have steadily increased over the years. More recently MOC has expanded its facilities by adding additional ward space, enlarging and improving the operating room suite, upgrading and formalising its ophthalmologist training programme, running numerous mobile eye camps and setting up an eye drop production pharmacy and a dispensing optical department.

## MOC statistics

Surgeries

Total Patients seen

Glasses dispensed

Eyedrops produced

Doctors in Training

# Eye Care

In addition, prevention of blindness materials have been published for print and video and for airing on radio and TV to help educate the local population. MOC has also worked hard to develop a viable cost recovery programme and today generates about 40% of its operational budget through fees and sales of medicines and glasses.

The Mazar Ophthalmic Centre provides preventive and curative eye care under the supervision of an

Afghan Medical Coordinator, Dr. Zia Aamoon. Dr. Zia is the

first Afghan Ophthalmologist to have passed both examinations of the International Council of Ophthalmologists. He also recently spent three months in New York studying diabetic retinopathy and posterior vitrectomy surgery for retinal detachment. We hope to raise the funds for a posterior vitrectomy machine since Dr. Zia is the only surgeon in the country trained in this sight-saving surgery.

Staff development is crucial to the future of eye work and MOC staff are enthusiastic to take opportunities as they come. Dr. Zarghona underwent an intense course in Lens Microsurgery while two other staff members upgraded their skills in

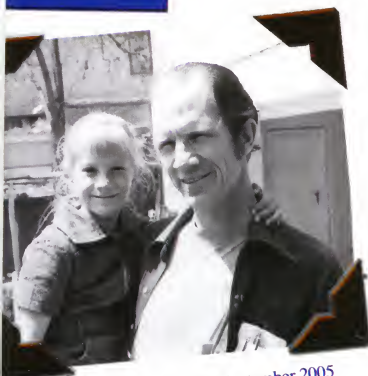
nursing and anaesthesia in India.

An exciting initiative by one of these staff members is to train a nurse in patient counselling in order that patients may better understand their treatment at MOC.

*Fauzia, a 4-day old girl was brought by her family to MOC with congenital glaucoma. Two of her sisters before her had surgery for glaucoma at a very young age, and both had a very difficult time with anesthesia. The second sister actually required resuscitation from the nurse anaesthetist and he was reluctant to anaesthetise Fauzia because it was obvious there were other congenital problems that might also affect this child.*

*MOC staff talked to the family about the risks involved in doing surgery where we had no intensive care and suggested they go to Pakistan. The father and mother said it was much too expensive for them to go to Pakistan and they would have to take the risk here. The surgery was carried out and we thank God that Fauzia did well and the surgery saved both of her eyes from certain blindness.*

2005
3,611
29,155
2,445
49,083
3



Dr. Herb Friesen who died in September 2005





# Eye Care

## Provincial Ophthalmic Care

From the very earliest days of the NOOR Eye Programme, Provincial Ophthalmic Care (POC) has been a priority. Mobile camps have been a way of bringing eye care to those in the more remote areas of the country - a significant need in a country where the majority of the population lives outside the urban centres. As with many areas of work, this was disrupted by the Soviet invasion and by the war years.

In 1992 the ability to travel to other parts of the country improved, and IAM very soon restarted its mobile work. Plans were also developed for training intermediate ophthalmic professionals (Ophthalmic Technicians) in order to broaden the skill base of the staff, making them better suited to meet the needs of the country.

Hospitals	2005 totals for POC facilities and camps	Beds	Patients	Surgeries
Khost	10	5,415	271	
Ghazni	14	7,497	460	
Taloqan	10	6,356	421	
Charikar	N/A	2,829	8	
Gardez	N/A	3,600	N/A	
Eye Camps	N/A	26,138	860	

Through the work of eye camps, needs of other areas were assessed and in 1999 a permanent eye facility was established in Khost. Despite the Khost facility suspending operations just two years later due to war, it defined the model of the Community Eye Hospital and by late 2003 two more were established in Taloqan and Ghazni. The Khost facility re-opened in spring 2004. On a smaller scale, an eye department was established in the provincial hospital in Gardez which is run by an Ophthalmic Technician.

In October 2005 Taloqan Eye Hospital (TEH) was closed by IAM/NOOR and the equipment transferred to the local MoPH authorities. The Kabul based eye camp team also ended. Instead it was decided to devote energies into a mobile eye health educational and outpatient examination team based in Kabul.



In the summer of 2005 the men's Day Clinic team was replaced by a women's Day Clinic team serving some of the same areas. In July a new outreach programme commenced to serve outpatients in the Charikar region through a dedicated eye department in the new MoPH hospital there. Patients are seen 3 days a week and on two occasions an eye doctor from UEH has performed surgeries there.

#### Glasses

523

67

255

109

5,554

In 2005 plans were developed for Kandahar Ophthalmic Centre. This hospital is expected to open in early 2007. This is an exciting move for the NOOR team and the realisation of a long-term goal.



In 2005 POC went through some downsizing, which made for a much higher efficiency of operations and reflected NOOR's priorities of education and surgery. We feel the need to be much stronger on financial self-sufficiency and to emphasise the education of health professionals as a way to disseminate information and to strengthen referral networks for the hospitals.

## Ophthalmic Technician Training Programme

A vital component to any programme is equipping Afghan professionals to serve the needs of their own people. With many eye professionals being based in the urban centres and the lack of an intermediate level of eye care professionals, IAM commenced the Ophthalmic Technician Training Programme (OTTP) in 1995. The programme accepts 12th grade graduate students into a three-year course leading to a professional qualification. Graduates are able to perform refractions, fit patients for glasses and recognise standard eye problems and diseases.

In May 2005 a new class of 11 students drawn from around the country started their training. In April, seven female and two male OTTP students graduated with a degree as Ophthalmic Technicians. We rejoice that there has been additional expatriate staff to assist in the OTTP programme as well as visiting lecturers who give of their time and expertise at their own expense.

# Technology and Training Go Hand in Hand in the IAM NOOR Eye Programme

Ten years ago intraocular lens (IOL) implants were introduced as a standard of care for ophthalmic practice in Afghanistan. These tiny but highly engineered plastic lenses, each with a power corresponding to the needs of the specific patient's eye, are placed inside the eye at the end of cataract surgery and enable the patient to have good vision without the thick, heavy, and distorting spectacles that previously nearly all patients needed. Today more than 85% of the thousands of patients having cataract surgery every year at any of the six NOOR hospitals receive an IOL.

However, this transition did not come easily. It has meant importing and maintaining both a large stock of IOLs of two types and more than 20 powers, and the special microsurgical instruments and other equipment such surgery requires. Most importantly, eye doctors across Afghanistan, some of whom had not used an operating microscope, had to learn new skills. IOL surgery is now a standard part of training for every NOOR ophthalmologist trainee.

## New technology brings new challenges...

About 20% of patients receiving IOLs develop an opacity in the thin and normally clear tissue called the lens capsule holding the IOL, and this can substantially offset the initially good vision. Traditional surgery to clear this opacity is not without risk. Fortunately laser technology has overcome the need to open the eye a second time. In 2004, with the generous help of donors, NOOR was able to import three YAG lasers, to our knowledge the very first medical lasers used in Afghanistan. These lasers are able to focus a highly intense burst of light energy

on the thin capsule, opening a unobstructed path for light to pass through. The instruments were distributed to eye hospitals in Kabul, Mazar-e-Sharif, and Herat. Doctors in each of these hospitals have now been trained to perform YAG laser "capsulotomy," and to date many hundreds of patients have been treated with these machines.



# Eye Care



Besides opening the lens capsule, the YAG laser can be used to create a hole in the iris, the coloured ring of muscular tissue surrounding the pupil. This is beneficial in some types of glaucoma, and in preventing glaucoma altogether in some patients. Doctors who learned to perform YAG capsulotomy needed only to learn a slightly different technique to perform YAG "iridotomy." So now the laser imported to benefit cataract patients is also benefiting glaucoma patients.



### **One laser led to another...**

One result of refugees returning to Afghanistan and improved medical care inside Afghanistan is an increasing number of patients being diagnosed with diabetes. Diabetic patients often develop a dangerous growth of abnormal blood vessels in the retina, the tissue lining the inside of the eyeball. These vessels can pull on the retina, detaching it, or can break, causing bleeding inside the eye and sudden severe vision loss. It is well known that treatment of the retina with laser can decrease this risk by 50%. Also, a swelling of the central retina, an even more common cause of vision loss in diabetics, can be stopped with laser treatment.

The YAG laser, however, cannot be used to treat the extremely delicate retina. In 2005, again with the help of generous donors, NOOR was able to purchase a diode laser for the University Eye Hospital in Kabul, and diabetic patients are now being treated with this machine. In addition to diabetic patients, the diode laser is also used on patients with tears of the retina, and in patients who form abnormal blood vessels in the retina for reasons other than diabetes. Laser treatment of the retina requires even more skill than YAG laser procedures, and training of UEH doctors in retinal evaluation and treatment is currently underway.

Afghan eye doctors are eager to help patients through the use of the latest technology. Donors to the NOOR Eye Programme have blessed these doctors with state-of-the-art equipment, and expatriate consultants will continue to train them to use it so that the blessing reaches out to all Afghan patients in need of it.

# Eye Care

## Visually Impaired Services

IAM has been involved in different aspects of work with the visually impaired for over 40 years through its Visually Impaired Services for Afghanistan (VISA) project. This work began even before the establishment of IAM, with the wife of one of IAM's founders teaching blind children in her living room. Blindness is a particular problem in Afghanistan due to the dust, poverty and associated poor nutrition and health, intermarriage and the effects of many years of war. It is estimated that between 1.5 – 2% of the population is blind - one of the worst rates on the Asian subcontinent.

### Government Blind School

The work with blind children gradually developed into a small school in the early 1960s with two students. Numbers increased annually and by the end of the 1970s the school became a Government school under the Ministry of Higher and Vocational Education and finally moved into its own buildings in which it operated until 1993.

The school was co-educational, with more than 120 students. Classes ranged from pre-school through to grade 12 and included academic education, vocational training, and mobility. In early 1993 the school building was destroyed by rocketing and fire and for the next 10 years continued in rented premises in the city centre.

In 2002 it was recognised that numbers of students were increasing as refugee families returned to Kabul from abroad. In 2002-2003 the original school building was restored from a ruin to a 2-building school with a separate kindergarten. Student numbers increased to over 100 in 2004 and 2005. The students follow the regular government curriculum through the medium of Braille. While most pupils are in the primary grades, some have gone through university. The school has 33 teaching staff, 90% of whom are visually impaired themselves. The books are transcribed into Braille by the printing department at the school.

With external funding, the school provides lunches for all students and staff 5 days a week followed by vocational training for all – knitting, brush and broom-making and music. All students also have the opportunity to complete a course in mobility. In 2004 Braille computer training was added to the afternoon programme.



## Fieldwork

In addition to support of the Government Blind School, the VISA project has had community rehabilitation services for children and adults in Kabul, Mazar and Herat. In Kabul, two male and two female fieldworkers trained blind and visually impaired children and adults in daily living skills, mobility, and Braille through home visits. Pre-school children and their mothers also had classes twice weekly in the IAM University Eye Hospital. In Mazar and Herat the work is also situated in the IAM eye hospitals.

## Business Start-Ups

In November 2002 VISA began business start-up work in Kabul. By the end of 2003, 14 blind people had started their own businesses, usually with other family members, and were regularly repaying their loans and qualifying for second loans. Businesses ranged from shop-keeping to carpet-making. Loan recipients met once monthly to share their experiences and encourage each other.

## The Future of VISA

Although there continues to be a great need for the development and expansion of services for visually impaired people throughout the country, IAM has been unable to recruit expatriate professionals to continue this work. For this reason, IAM has had to bring most of its involvement in these services to a close, but IAM continues to provide preventive and curative medical care for eye problems through its National Organisation for Ophthalmic Rehabilitation (NOOR) programme.

Other organisations continue to provide needed services for visually impaired people, including SERVE which has assumed support for the previous VISA field clients. The Swedish Committee for Afghanistan and the UN's National Programme for Action for Disability (NPAD) are also involved in the development of services for the visually impaired, as well as the various organisations for the blind, including the Afghan Blind Association (ABA) and the Afghan National Association for the Blind (ANAB).

We also look forward to increased support by the Government of Afghanistan for the blind school and for an increase in integrated education of children with visual impairments.





# Orthopaedic Workshop & Maimana

The idea for the Orthopaedic Workshop and Physiotherapy Centre (OWPC) was first explored in 1994, but owing to the volatile political situation the project did not begin until autumn of 2003. The centre was constructed in the grounds of the Regional Hospital and the first patients were seen in June 2004.

Since opening there has been a steady stream of patients who hear about the services by word-of-mouth. Initially an Afghan couple, an orthopaedic technician and a physiotherapist, assisted in supervising and training other staff. All current staff members of OWPC are trainees of various levels of learning and experience, overseen and monitored by fully qualified Afghans and expatriates.

Training staff and delivering services to disabled people is a major part of the work of the OWPC. The technical staff receive on-the-job training as they treat the patients as well as more formal training in basic sciences and professional skills. The support staff also participate with the technical staff in English training.



## Professional Training

# Physiotherapy Centre

In addition to staff training, OWPC assisted in training doctors, nurses and midwives employed by Cooperation for Humanitarian Assistance (CHA) to implement the Basic Package of Health Services in Faryab province. These trainees came to learn about services provided by OWPC, and how to refer appropriate patients to OWPC.

Patients come to OWPC with a variety of problems ranging from back pain to amputees having their prostheses (artificial limbs) repaired.

Infants with club foot receive corrective plaster casting and are then fitted with corrective orthoses (special shoes) preventing a lifetime of deformity. People with fractured limbs, strokes, polio, cerebral palsy, spinal cord injuries and other disabling conditions also receive assistance at OWPC.

During 2005, an average of 77 orthopaedic devices per month were provided. Of these, more than a third were specially made by the orthopaedic technician trainees. The trainees are learning to make a variety of orthoses as well as leg prostheses and specialised equipment, all requiring detailed fitting and adjustments.

Additionally, each month around 75 new patients received physiotherapy treatment, often coming for a series of treatments until their condition improves, or in the case of children with cerebral palsy or developmental delay, continuing physiotherapy for several years. Families of such children appreciate this help and support that no medicine can provide.

Lina\*, is a young lady from Maimana who severely injured her spinal cord after falling down a well in 2004. Following initial treatment and rehabilitation in Mazar-e-Sharif, she returned to Maimana. When OWPC staff contacted her she was spending most of her time in bed. Through weekly visits, the staff worked with Lina to encourage her to become more mobile and she started regular appointments at the clinic.

Lina is now standing without assistance and can walk with the aid of crutches and leg braces. She has even joined the English classes for OWPC staff.

\*not her real name

vision includes taking trainees from other provinces, which may also depend on the ability for such trainees to be upgraded in the future. We also hope to develop an outreach programme to surrounding rural areas to include community-based rehabilitation services possibly in conjunction with IAM's community development project and in cooperation with those organisations implementing the Basic Package of Health Services.



# Professional Training

In 1983 the Ministry of Public Health of Afghanistan asked IAM to start the physiotherapy programme, because there was a need for professional physiotherapists in the country. Formerly known as PSK (Physiotherapy School of Kabul), the project was initially located in one room on the grounds of the Wazir Akbar Khan Hospital. Later, land was set aside within the Hospital compound to construct the building which now houses the Physiotherapy Institute (PTI).

## Physiotherapy Training

In the early days physiotherapy (PT) teachers came from abroad to teach and supervise the PT students. In 1995 IAM started a teacher training programme for Afghan PT graduates. These new Afghan teachers gradually replaced foreign teachers and by 1999 almost all the teaching was done by professional Afghans. In 2003 an Afghan Project Leader was chosen and since then all the management and teaching has been done by professional Afghans.

PTI now accepts one new class every year consisting of 20 students. Currently there are 200 PTI physiotherapy graduates working in 16 provinces and 35 qualified physiotherapy teachers.

### Development of curriculum

PTI is currently part of a task force developing a four-year PT curriculum for submission to the Government. Of the six members of this task force, three are PTI staff, highlighting PTI's prominent role in the future of physiotherapy.

### Physiotherapy training

20 students (male & female) graduated from an upgrading PT course in March 2005. Most of these students were from outlying provinces and returned to these provinces after graduation. 21 other students (male & female) graduated from the regular 2-year PT course in December 2005, with almost half of them going to work in provincial areas.

### 2005 Outputs:

- 55 physiotherapy students were trained of which 41 graduated.
- 1,951 patients with different physical impairments received physiotherapy treatment by trainees and their PT supervisors in PTI and different hospitals.
- 51 Technical appliances were made and distributed to patients.
- 57 post graduate physiotherapists from around Afghanistan received continuing education
- 259 Medical students received physiotherapy awareness training.



### **Material production for physiotherapy**

A Pushto physiotherapy neurology text book was completed in December 2005 along with pharmacology and laboratory booklets. A first aid book for physiotherapists is in the final editing stages.

### **Updating & improving professional knowledge of physiotherapists through ongoing training**

#### **Afghan Physical Therapy Association (APTA)**

PTI provides an office and equipment for the APTA as this association seeks to enhance the professional status of physiotherapists.

#### **Increasing medical doctors awareness of physiotherapy**

From April to the end of December 2005, 259 medical students were exposed to physiotherapy as a valid medical treatment, both in theory in the classroom and in practice in hospital or clinic settings.

#### **Teacher training programme**

6 Student teachers completed 2 modules of the 6-module course. The participants come from six provinces of Afghanistan: Kabul, Ghazni, Logar, Mazar, Badakhshan and Jalalabad. There are currently more than 40 Afghan physiotherapy teachers around the country.

**“As Afghans we think that this kind of assistance and support is very valuable and important to Afghanistan - to equip and assist Afghans to do a task, which in the past they did not have the knowledge, skill or ability to do”**

Mr. Aziz Ahmad, PTI Project Leader

In 1994 IAM established its first English as a Foreign Language (EFL) school in Kabul. The aim was and is to train professionals in language skills and train Afghan English teachers to teach others. The programme has continued operating since 1994, expanding in both services and locations. EFL projects began in Herat in 2000 and in Mazar-e-Sharif in 2003.

# English as a Foreign Language

The purpose of Silk Road EFL is to help Afghans participate in the global community by teaching them high level English. This is currently being done in three locations: Kabul, Mazar-e-Sharif, and Herat with ten trained expatriate teachers. In addition to our core curriculum, we are currently offering several Specific Purpose Modules. These classes are designed to teach specialised English such as business vocabulary and style or medical English.

*An English teacher from a local course said that he had found our teacher training programme the most useful of those he had attended. As part of the training we observed him teaching his students.*

In 2005 Silk Road EFL provided English training to approximately 300 students (150 in Kabul, 104 in Herat and 42 in Mazar). The English for Specific Purpose Modules also started, which we had long worked towards. We ran a specialised Conversation and English Literature Class in Kabul and completed our first Business English course targeting NGOs. This was particularly successful as it met a clear need in the NGO and private sectors.

*How thrilling to see him use picture flashcards that had been drawn by the teacher trainees during one of our in-class activities!*



Herat continues to give Teacher training for local English teachers. One of their former students now runs one of the biggest and most successful Afghan English teaching centres in Mazar. Also a medical English class began, which is necessary given the fact that so many of the medical textbooks and much of the

## Professional Training

training is in English. Mazar also completed its first teacher training course.

In Kabul we have a number of university professors in our classes. One is teaching and doing research on environmental issues facing Afghanistan. "Hamid" was sent to Germany in December for three weeks to take part in a forum conducted in English. He returned full of enthusiasm, excited about what he had learned and

how he could use it to help with the rather serious environmental issues facing Afghanistan. He shared with his English teacher how his competence in English enabled him to not only participate in the forum, but also to socialise with professors from other countries, continuing the exchange of ideas and at the same time getting to experience a bit of German culture.

Silk Road EFL is looking forward to further facilitating Afghanistan's participation in international level communication, relationships, education, commerce, and holistic development through the teaching of English.

In particular we would like to focus more on the needs of women. Our current enrollment is about 20% female, and this was following a concerted effort to make women aware of the opportunity. As we analyse this, we realise that their lack of educational opportunities during the Taliban regime have put them at a distinct disadvantage. It is our desire to make teaching English to women a priority and make the necessary changes to make classes accessible to them and meet their needs. Also, as a part of facilitating commerce and development, Silk Road wants to continue to expand its English for Specific Purposes Modules.

The primary lesson Silk Road EFL has learned over the years is the difference training and education makes in lives. The skills which people obtained enabled them to carry out their jobs more effectively or to obtain employment in organisations which participate in government, education, relief and development. We have seen lives changed and improved as people obtain skills which allow them to further their careers.



# Professional Training

## Individual Serv

Some IAM team members with certain specific skills are not working in IAM projects, but in strategic roles often outside of the NGO sector in Individual Service Assignments (ISAs). Their goal is to share knowledge and skills and to equip others. All long-term IAM team members take a course of intensive language study. As our desire is to pass on knowledge and skills, we believe this is best done in local languages and through a process of working side by side.

## Chemical Analysis



**Kaija Pasanen, came to Afghanistan in 1978 and has served as a chemist since.** From 1982-1992 she worked in the Central Drug Quality Control Laboratory. The Lab had received a \$5m investment from the World Health Organisation (WHO). The Laboratory was looted and destroyed after fighting started in Kabul in 1992-1993.

Following a period of service with the NOOR Eye Hospital, Kaija's ISA career continued in

2002 when she was invited by the Minister of Public

Health to rebuild and develop the Central Drug Quality Control Lab. Rebuilding takes time and perseverance. Despite the donation of some essential equipment, the facilities are still very limited. The main emphasis is training in analysis and clarifying the scope of what the laboratory can offer.

## Medical Publications

### Dr. Malte von Blumröder

From his early days working with medical students in Mazar-e-Sharif, this IAM team member learnt that the students' only reference materials were the notes they took during lectures. In 1999, he wrote his first textbook in Dari, Pashto and English: the **Practical Drug Guide**. It contained all the clinically important details and many practical tips needed for prescribing essential drugs.



The **Practical Paediatric Guide** followed the next year. The response was astonishing: about 6000 copies of the book in Dari were sold within the first 3 months! By the end of 2005, almost

40,000 copies of all the books had been distributed.

# ce Assignments

*"This important text provides information, which takes the reader straight to the heart of the diagnosis and if this knowledge is applied, child survival and quality of life will improve enormously." (Prof Andrew Tomkins, Professor of International Child Health, Institute of Child Health, London) referring to the Practical Paediatric Guide*



In 2005, a **Practical Mental Health Guide** was published by a worker from the IAM-Primary Mental Health project in Herat. This was followed in 2006, by the release of a **Practical Guide to Common Medical Problems**. This book is supported by the Royal College of General Practitioners in London. IAM is glad to be able to provide practical and relevant medical books at an affordable price to Afghan health professionals; to provide up-to-date medical information, which sometimes challenges present practice and beliefs.

## Physicians Training

**Dr. Ken Foster &**

**Drs. Kyungnam and Kyoung A Park**

Dr. Ken Foster started working at the Wazir Akbar Khan Hospital in October of 1997. He immediately found a niche within the orthopaedics department doing upper extremity and reconstructive cases. Eventually, as a result of working closely with a small core of interested doctors and to increase his caseload, he shifted to providing a mostly outpatient elective reconstructive practice in the German Medical Services facility and offered consultation on difficult cases.

After a trip to Mazar and a very positive reception to Ken's contribution in teaching the young academic surgeons there, Ken and his family moved there in 2003. He established a regular teaching session for the medical faculty. Following the arrival in 2004 of two more surgeons, Drs. Kyungnam and Kyoung A Park, this evolved into a weekly session alternating between an evidence-based-medicine discussion of research papers and case-based grand rounds.

In the year ahead they hope to make improvements in the management of the intensive care unit and through their activities in the Balkh Medical University, develop further the education of medical students and medical residents.



# Hygiene Education, Water &

## HEWS

During the harsh winter of 1995/6 IAM became involved in relief work in Kabul city. This was followed by job creation and sanitation

projects, and in 2001 the Disaster Management Programme (DMP) began. It encompassed disaster response, preparedness and mitigation, using community development principles. Education in maintaining hygiene standards, provision of clean water and sanitation have formed the focus of these community projects ever since. If any one of these three aspects is neglected the whole process fails.

**We have observed that the project's contribution mobilises a matching contribution from the community.**

**All the labouring work on one of the latrines was carried out by the beneficiary herself, a widow with a large family.**

**Another built his own washroom adjacent to the latrine.**

In 2005, HEWS completed work within the Mahmood Raqui district and started working in Kohistan 2 district in Kapisa. By the end of the year, 1,130 latrines were constructed and work commenced on 53 wells, to be completed early in 2006. Hygiene education is an integral part of the work in the beneficiary communities in homes, schools and mosques. The community contributes substantially to the construction of wells and latrines by providing labour and materials. In cash terms this amounts approximately 50% of the value.

As this work has proceeded, so conditions in Afghanistan have changed and developed. A large proportion of the refugees have now returned to the country. The emphasis of the work is changing from disaster response and mitigation to development. In 2006 another similar HEWS project will be carried out in the Koh Band district of Kapisa Province (one of the more underserved areas). The team will then be disbanded and efforts made to reallocate personnel in the community development projects or assisted to find jobs in other organisations.

In order to replicate such HEWS measures across the whole of Afghanistan, particularly for the rural majority, it will be necessary to substantially reduce the resource input from the outside. We should be aiming for a time



## Livelihoods & Development



# Sanitation

when everybody in Afghanistan can build their own latrine. We believe that the community development project route is the one to be taken to achieve this end.

## Superflour

For more than 20 years IAM has been involved in Mother and Child Health in the Kabul area and has seen many children suffering malnourishment because of war and internal displacement. As a consequence, IAM expatriates developed a 3-grain flour from local foodstuffs. The flour which was made up of rice, corn and chick peas was named Superflour due to its high protein content. This programme developed into a nutrition department where malnourished children and pregnant women were monitored on a monthly basis. The IAM Disaster Management programme took over the project in June 2002 providing jobs for 34 women who were either widows or heads of households.



In 2005 a protocol agreement was signed with the Ministry of Public Health for 5 years to promote the use of Superflour as a food supplement. Superflour is also

**By selling Superflour at an affordable price we hope to offer the population an alternative to imported products.**

registered with the Ministry of Women's Affairs. For a number of reasons we decided to target the local market instead of NGOs. There are plenty of people who can afford to buy imported cereal and milk powder for their children. By convincing them to use a locally produced supplement, the project could be sustainable.

In 2005, 100 families with malnourished children, pregnant women or elderly vulnerable people were identified in the Dast-e Barchi and Gul Khana areas and given free supplements for the first three months after which they could buy it at a subsidised rate. We hope to interest them in using Super Flour for the treatment of malnutrition.

In 2006 we are approaching shop-keepers to help us sell the product. We also plan to reach a wider audience by using media outlets such as radio and TV.

# Livelihoods & Development

## Renewable Energy

The original protocol for RESAP (Renewable Energy Sources

Afghanistan Project) was signed on May 3, 1984 with the Ministry of Higher and Vocational Education. RESAP was located at the Kabul University Engineering Department. Various ideas were experimented with to utilise Afghanistan's abundant solar energy. Solar water heaters, solar cookers, and passive solar heating of buildings were studied. A classroom was constructed at the University to demonstrate passive solar heating technology. From the research, a design for a simple solar water heater was finalised, and soon after, a small production workshop off campus was begun. This facility started making a solar water heater in 1989 that was sold to the local population for approximately half of the production price. Due to the difficulty of making the solar water heaters self-sustainable, RESAP was motivated to study water power.



RESAP team pictured with Tim Aldred ~ 1996

Civil unrest in Kabul resulted in the workshop being moved to Charikar in 1993. First, solar water heaters were being produced but in 1995 RESAP completed its first micro-hydropower power plant. Soon the demand for micro-hydropower increased and a decision was made to stop production of the solar water heaters, of which about 1800 of the 50 liter model and 150 of the 10 liter model had been produced. By July 1997, RESAP was no longer able to remain in Charikar due to fighting so the project base returned to Kabul.

The demand for micro-hydropower grew quickly after the first plant was installed. A locally made turbine suitable for local manufacturing and the rough conditions was developed. Starting in 2002 with the transitional Afghan Government, RESAP began focusing on developing the new micro-hydropower industry. Now many private workshop employees have been trained to survey, build, and install micro-hydropower plants. RESAP projects are funded 35% by the communities themselves.



RESAP is currently developing equipment for larger power plants and training Afghan contractors how to build and install this equipment.

One new product, the Electronic Load Controller (ELC) automatically manages the power output from a micro-hydropower plant, eliminating the need for manual control. Over 150 villages have RESAP hydroelectric systems producing electricity, predominantly for lighting. It is estimated that well over 200,000 people receive light every night from RESAP's projects. Only a small percentage of the micro-hydropower potential has been developed so far in Afghanistan. RESAP is helping to introduce this technology to the most remote regions of the country. Another renewable energy source, which RESAP is currently developing, is wind power. Energy is a vital component for Afghanistan's future development and advancement.

In 2005 RESAP began two new projects outside Kabul. In June an office was opened in Faizabad, Badakhshan province, where we based operations to install 20 hydropower systems. After five months all 20 projects were complete, with approximately 1200 families benefiting. Also in Olang, on the south side of the Salang pass, RESAP's largest project, at 43 kW, was completed. This benefits 250 families and three hotels. At the Kabul workshop, workers continued developing a 100 kW turbine. The ELC has now been developed for three-phase and single phase electric outputs, and was installed in all 20 Badakhshan projects.

### Looking Ahead

RESAP hopes to build a permanent base in Faizabad in co-operation with other IAM projects. We are also researching new solar water heater designs, making 10 of the original design which RESAP made in the early 1990s as well as a more affordable model. We are also pursuing wind power in 2006, hoping to build and install wind power machines in Kandahar, Mazar-e-Sharif, Herat, and Ghazni.





# Direct Seeding



An Agricultural Engineer and IAM worker recognised the importance of improving the management of the extensive, fragile and underperforming rain-fed land in Afghanistan back in 2001. His experience of farming the drylands of South Dakota, US where minimum tillage systems have been developed to conserve water and soil resources led to this research project to determine the feasibility of such systems for Afghanistan. The project committed to six years of work and imported a John Deere 1560 direct drill in 2001.

The dry years and broader social, political, and economic environment from 2001 to 2004 contributed to a dramatic decrease in investment and the project location moved north to the nationally important rain-fed areas of Kunduz in 2004. **Since the move north for planting in autumn 2004, more than 20 trial and demonstration sites have been planted in three districts of Kunduz province, and over 550 farmers, government representatives and guests from national, and international organisations have attended field days and sessions.**

The project has planted various grains in a number of trials that have sought to find appropriate seed rates, the efficiency of fertiliser use, the effect of the use of mulch and herbicide on physical and financial yields and all with respect to the local systems of cultivation.

Large and small-scale farmers, the Government's Agriculture Department, FAO, other international NGOs, and educational representatives are invited to our work sites to observe and discuss our research.



The planned six year period for the project will end in 2006 and its final findings will be presented. It seems unlikely that the IAM will continue to work with the direct drill for minimum tillage here, or recommend its use. However some of the principles of the approach will be strongly recommended including the placement and use of seed and fertiliser, and findings will inform other organisation's programming, especially the design and production of locally built tools for planting crops.

## Livelihoods & Development

The Micro-Enterprise Development (MED) project began in Kabul in August 2003 with the aim of helping to alleviate poverty in the capital city. The project provides appropriate and affordable credit for poor businessmen and women.

During the first few months of the project significant time was spent training staff and receiving training from external specialists. This training covered the principles, best practices and procedures of Micro Finance, small business assessment and office procedures. In February 2004 we made our first loans to clients on a group guarantee system.

Clients themselves form a group of the same gender with between five and fifteen members who will guarantee each other's loans. If one member of the group fails to re-pay, the other members of the group guarantee to re-pay the outstanding debt for them. All activities are conducted at the clients' business or home, which provides the Field Officers with the opportunity to assess and monitor the business on site. This we believe is a significant key to our success. Loans are given for business purposes only and intended to help clients strengthen and develop the businesses they operate.



MED clients come from the moderately poor sector with assets, skills and experience in their trade but who need working capital to develop their businesses. Men are usually retail merchants operating in a small shop or they provide a commercial service such as tailoring, carpentry, small engine repair, etc.

Women, who previously worked for very low wages weaving carpets, have now been able to purchase their own loom and

materials and are working as self-employed carpet makers. They sell carpets on the open market for a fair price. Other women produce hand made articles using various traditional crafts.

**Our current client portfolio grew until we had over 1370 active clients at the end of 2005.** Our plan is to become fully sustainable within three to five years of inception.

In September 2005 MED implemented a Business Development Services (BDS) department into the project to provide added impact in the lives of our female clients. By providing non-financial assistance in issues such as marketing, networking and training in business skills for our clients, our female trainer has successfully introduced many of our women clients to new opportunities and new markets for their products.

# Livelihoods & Development

## Community Development

### Herat

The IAM team in Herat was re-established in 1993 after 10 years of absence. The following year a proposal to form a project in rural communities was approved. The work started with two gender-specific sections. The men's team worked with what has traditionally been men's projects such as wells, roads, agriculture and animal husbandry. The women's team addressed the topics familiar to the village women, mainly related to health, hygiene and nutrition.

**CDP Herat over the years has implemented a total of 303 projects with 6,464 families as beneficiaries.** Thirty-four Village Development Councils have been set up. Nineteen of these are continuing their activities.

**In 2005 36 projects for 2,609 families in 10 villages were implemented.** This year more than 600 men, women and children benefited from basic health education. A further 130 young men participated in veterinary, agriculture or sports training, and 317 females and 271 young men benefited from literacy courses. Most importantly, communities had the major part in establishment and implementation of the projects.

The projects near Herat city are planning to close down at the end of 2007 to enable IAM





# development

to concentrate  
its resources

in the more remote and deprived locations of  
the country.

## North

The vision for community development work in the north dates from 1992 and a consultant was eventually invited to help the team develop a strategic plan in 1994. Since then IAM CDP in the north has worked in many different situations. War and security problems that have plagued Afghans have been major difficulties for CDP. In spite of this, work has continued.

In most villages in the Mazar area, a desperate lack of clean drinking water, water for crop irrigation as well as flash floods are the major problems. In the spring of 2005 one village completed a water storage reservoir so they could have cleaner water. They also built flood protection which later diverted an unexpected flash flood from the village.

**Community involvement and ownership of the activities are keys to more effective and longer lasting community initiatives.**

### **A sample of CDP~North activities in 2005: Community capacity building**

- 83 village development councils met

### **Health and Nutrition**

- 16 general health courses with 339 women (243 graduated)
- 17 child-to-child courses including health and sanitation involving 337 children

### **Literacy**

- 15 literacy courses with 137 women & 71 men.

### **Water & Sanitation**

- 16 wells built

During 2005 CDP had an increased emphasis on sustainability and replication - the ability of villages to repeat or continue activities such as literacy or health training, and even implement new projects after the CDP team left the village.

This has meant a change of focus to a training of trainers approach.

When the need for a particular type of training or skill has been identified, CDP works with members of that community so that they will be able to train others after the CDP team has left. The goal is to see these positive effects transferred from one community to another.

This year CDP has moved a step closer to one of IAM's goals of serving the more remote and underserved areas, by working in the province of Faryab based out of Maimana. While work still continues in the Mazar area, an additional office and new staff have been hired and are being trained in Maimana.



# Hazarajat Community Health



In the early 1970's when IAM was beginning as an organisation with a blind school and NOOR, it also started the Medical Assistance Programme (MAP) in the Hazarajat. In 1974 team members had to leave the area but continued to work in Afghanistan. They prayed that there would be a way to return to Hazarajat and the people they had grown to love. Likewise the Hazaras

they had worked with in Lal wrote many letters inviting them back to the area. In 1999, after years of surveying and planning, a team of 5 left Kabul to establish an IAM project once again in Lalwa-Sarjantal. They lived with a local family for about 4 months until an animal stable was expanded to become their home!

The original plan was for health teaching in villages and corresponding development projects. However, the combination of the drought, the lack of medical services and a meningitis epidemic turned the focus of the team



Martha Brauner & Pat Cook ~ 1971

## Village Activities

### Services

Poultry & Livestock vaccinated:  
6,000 from 17 villages

Kitchen Gardens Facilitated: 7

Wells Built: 5 in 3 villages

Latrines built: 23 in 5 villages

### Training

Community Health Workers:  
18 couples covering 53 villages  
(Talkhak) and a further 37 couples with  
review course.

Health Shoras (village leaders) trained: 7

Adults in Winter Literacy Courses: 519 (38%  
women) in 29 villages

toward  
curative medical services  
and relief-type projects. The local  
government gave a deserted  
clinic building to the project  
which ICRC helped to renovate.

Initially, four local women were  
trained in basic health topics and  
hired as health educators. They  
helped translate, teach, weigh  
children in the clinic, and

# Health

# th Project

were sent to villages to teach women basic health topics and delivery techniques. Services were mainly focused on women and children, though men were seen as referrals or emergencies. In the early years almost all travel to villages, summer and winter, was on foot. Various 'food for work' projects were facilitated in villages throughout the district. The four local women originally hired have now expanded to a group of about thirty. Some work as 'assistant nurses' in the referral centre and other clinics. Others work on the village team. Over the years, alleviation of the drought, the fall of the Taliban, the new Government's initiative for health care (the Basic Package of Health Services), evaluations, and new team members have transformed the project.

## The Referral Centre

The clinic in Lal Bazaar, given by the Government in 1999, is growing continuously. We want Afghan doctors to staff the Referral Centre but haven't been able to recruit them, so currently all physicians are foreign. The expatriate doctors, nurses and midwives care for patients in outpatient and inpatient settings, monitor complicated deliveries, perform operations, and share in the teaching/training in the centre. The Afghan assistant nurses, who received their training in the centre, are now staffing the hospital and seeing clinic patients.

## Village Work

The village work combines health and community development theories to improve the health and living conditions in the villages. Teams of health trainers go to the villages to train local women in basic preventive health practices, clean deliveries and treatment of simple illnesses. The teams, including men, work with health committees in the village to form projects for environmental and public health improvements, such as building wells and outhouses, planting kitchen gardens and providing animal vaccines.

### Referral Centre Activities (Lal Bazaar)

#### Patient services:

Outpatients: 12,160

Inpatients: 850

Deliveries: 176

Surgeries: 81

Vaccinations, Routine: children 12,522; women 2,625

Vaccine, Pulse (facilitated by IAM),

round 1: 11,185 children

(80.5% of district population)

#### Training:

8 assistant nursing students in first year of training





## Lalwa-Sarjanganal

### Basic Health Centres (BHC)

Two satellite clinics are starting to provide basic outpatient care to people in villages far from the referral centre.

The goal is to expand the geographical area with accessible health care. Staff members (married couples) travel to these clinics once a week but eventually they will be more permanently based in these villages. The BHCs are also a base from which the village team trains Community Health Workers (CHW).

### Its more than patients

HMCH brings

benefits to the community that may not be measurable or obvious. These include such things as improved standard of living of the 68 employees who receive full-time work and benefits, and the employment of short-term workers for specific projects, such as, keeping the airstip clear of snow in winter time. Assistant nurses who used to work for us still live in the Hazarajat and continue to use the valuable skills and knowledge they gained while working with us.

### Basic Health Centre Activity

Outpatients, Kirman: 1,927

Outpatients, Garmao: 2,080

### Future Plans

Plans for the Referral Centre are to improve and expand services. An obstetrician-gynaecologist now on the team has developed protocols for the assistant nurses in women's health and hopes to be able to offer services to develop family planning options.

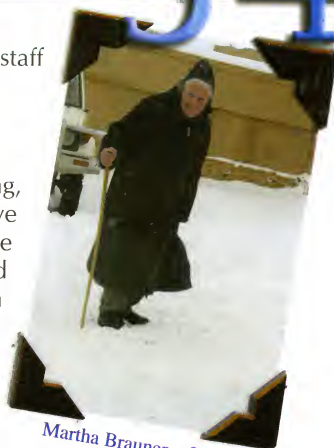
We would like the assistant nurses we have trained to take a national test so they have official government recognition. We plan to train two more couples for an additional 2

BHCs and hope to expand our services as more staff become available.

## Lessons Learned

The work in the Hazarajat is challenging, rewarding, wonderful and, at times, frustrating. One thing we have learned and accepted is how difficult change is for people who have their own culture and traditions. This has been especially challenging in the areas of health, nutrition, and treatment of illnesses. Even some of the assistant nurses who have worked for us for 6 years on occasion will still revert to some traditional folk treatments. It will take a long time for them to internalise and use the information they are taught. We underestimated the years required for deep and lasting change to take root and spread laterally and generationally.

s (1 day/ week)



Martha Brauner ~ 2005



**Basgul is a young mother of two children living in Lal with her husband and two children. Her husband is unable to work because of mental health problems. Her son is 7 years old and is deaf from having meningitis. Basgul has worked at the hospital with a real desire to work with the village teams which has not been possible as she only has a third grade education. For two years now she has been taking classes in reading and maths before work and in her spare time.**

**Basgul was one of twenty who took the test for the next class of health trainees. Several candidates had been educated in Iran and others even graduated from 12th grade here in Lal. Despite this competition she received one of the top scores. She has now completed the course and is working with the village team.**

It is a great privilege to work and live alongside these courageous and hard-working people in this very remote and difficult geographical area.

# T.H.E. Wardak

## Training by Health Education (THE) Wardak Project

In 1986, through the vision of expatriate IAM doctors and nurses, a government Mother & Child Health Clinic was established in the Karte Seh neighbourhood of Kabul with expatriate and Afghan staff. The project immediately saw large numbers of women and children. Services offered included paediatrics, obstetrics, family planning, gynaecology, vaccinations, laboratory testing and nutrition. The clinic was one of the few which remained open throughout the civil war, seeing over 150 patients each day.



*Karte-Seh MCH Clinic ~ mid-1990s*

After 1996 female doctors, nurses and clinic support staff continued to offer all services. As the number of professional women in the workplace decreased, the clinic began teaching traditional midwifery.

In 2003 increased international involvement, combined with the resumption of Government facilities, made the clinic less necessary and it was closed. The Kabul MCH provided 18 years of valuable and unique service, saving many lives during the very difficult years for Kabul.

From 2003 onwards the project personnel cooperated with the Swedish Committee for Afghanistan (SCA) working in the Maidan Shar district of Wardak doing Community Health Worker Training. During 2005 the project planned to train and use Community Health Workers in 6 villages. This was not achieved for a combination of reasons including security concerns, cultural resistance and the perceived lack of need by some. Despite this, training was completed in 3 villages and the SCA was pleased with progress made towards promoting the Basic Package of Healthcare Services.

As a result of its strategy to reach the remoter and more underserved areas, in 2005 IAM made the difficult decision to close this well-functioning project.



# Health



Through the initiatives of the Mazar team nurses in 1994, the IAM decided to expand Maternal Child Health services, and in 1995 the MCH~Mazar project was started with a vision to reach into the communities on the outskirts of Mazar.

## MCH ~ Mazar

From its early days, the project emphasised the role of the Community Health Workers (CHW) to decrease dependence upon physicians and medication. MCH~Mazar integrated development activities wherever possible. These activities included literacy, skills development, small loan programme, and other requested services. The Afghan staff continue to be trained on-site by their co-workers, and occasionally travel to India for training at the Jamkhed centre.



### **In 2005, the MCH~Mazar project worked in 4 communities and graduated 54 CHWs.**

While basic health teaching is at the core of the project, establishment of Women's Health Councils (WHCs) in most communities meant that other needs were also addressed. WHCs in 2 communities meet monthly to discuss health/life concerns. The community leaders from 2 communities have expressed gratitude for the faithfulness of the work done by MCH and the new CHWs. The MCHM co-workers monitor the work of the new CHWs and give refresher training. Two literacy courses are continuing, 120 loans have been distributed and collected, and coordination with Habitat for Humanity for housing needs has continued.

As IAM reviewed the needs of the country of Afghanistan, and the strengths of the IAM, it has been decided to close the project. There are now many more services available for districts close to major cities, and the IAM has determined to try to reach into the more remote areas that are surrounding the smaller cities, and are in the more mountainous regions of the country. It has been a privilege to work so closely with the Afghan people in this long-running project.

This decision has been hard particularly because of the excellent training done by our very competent Afghan staff. Several of the women have faithfully worked to improve the health of families in communities with mostly illiterate women. Some of these co-workers have worked with IAM for over 12 years, and we are seeking new opportunities for them. It is hoped that the skills, knowledge, and 'family' atmosphere that they learned and contributed to in IAM will go with them wherever they go.

## Primary Mental Health Pro

Afghan families have a strong sense of duty and commitment to the care of the mentally ill, but lack the knowledge and professional support to adequately care for those with mental health needs. With basic treatment, training and knowledge, the prognosis and quality of life of local mental health sufferers and their families can be greatly improved.

In 1996 the IAM established the Primary Mental Health Project (PMHP) in Herat. The project was formed in response to the large number of women seen in the burns unit of the regional hospital, often following attempts to commit suicide.

Originally the programme was aimed at direct group-work intervention for women. In 2000 an IAM survey showed that the local community recognised a high degree of mental health problems, and a lack of knowledge regarding appropriate forms of care and treatment. An expatriate doctor within the project opened the only out-patient clinic

dedicated to mental health in western Afghanistan.

In 2001 culturally appropriate mental health training material was written by the project personnel and translated into Dari and local trainers were employed and trained to teach it.

Since 2002 the project has become the main mental health project in western Afghanistan. The mental health out-patient clinic is currently open 6 mornings per week and is staffed by 4 local doctors.

**The clinic has seen an annual increase in the numbers of patients receiving treatment, from 295 patients in 2001-2002 to 2,566 in 2005. In 2005, 4,922 doctor-patient consultations were held and of the 2,566 patients seen, 1765 were newly registered.**

One of the doctors trained and employed at the clinic has become the head of the Neurology and Psychiatry Department at the Herat Faculty of Medicine.



**"A village woman shared an event which happened to her suffering mentally. Recounting the event and no doctors could give her the lesson I received from that the cause of her condition was Stress Disorder.**

**At first I showed her a video and also taught it to her sisters when experiencing a panic attack mentally, but the paralysis of the sister to take her to the hospital and after one week**

**A national participant on a training course for non-physiotherapists (NB (Dissociation can lead to paralysis for months or years and the trainers were those whose paralysis is associated with the Physiotherapy unit.)**

Introductory mental health training is now provided for newly qualified doctors and medical students, as well as other health care professionals. The medical mental health training material developed is comprised of 12 topics relevant for the region. Since its inception 427 medical and community health personnel have received training and in 2005, 6 mental health courses were conducted for 69 doctors and 15 physiotherapists.

### Psychiatric Nurse Training

In 2005 the project began the process of developing a psychiatric nurse training course. During the year they conducted two introductory mental health courses for 53 midwifery students and 22 general nursing students.

### Community Training

Community training is provided for patients and their families at the clinic and courses are also run in local villages, and education and community centres. The community training is comprised of material designed for the cultural situation in Herat and covers 15 different mental health topics relevant to local needs. Since its inception 61 community courses have been conducted and over 1000 community members received training. In 2005, 11 such courses were carried out, and of the 194 participants, 110 were female and 84 male.

with me how a terrible  
her brother resulted in her  
her legs became paralyzed  
her a diagnosis. As a result  
Dissociation, I understood  
tion was Post Traumatic

erventilation exercise and  
so that she could help her  
c attack. She improved  
s remained. I asked her  
ysiotherapy ward in the  
her paralysis disappeared."  
e community mental health  
dical people

s which if not treated quickly can last  
rm participants to quickly take those  
dissociation disorder for treatment at

### 2005

In October 2005 construction began on a psychiatric out-patient clinic/resource centre for the PMHP. Funding was secured from the Japanese Government Grassroots Programme and the centre should be open in the Spring of 2006. The centre will continue to be the main referral clinic for mentally ill out-patients, but will also provide the opportunity for more medical personnel from different parts of western Afghanistan to specifically study mental health care. It is hoped that three local doctors will be able to receive residential training in a neighbouring country

and become the first qualified national Psychiatrists in this part of the country for many years.

For 2007 there are plans to construct two new floors on the new out-patient clinic to provide a small number of in-patient facilities where the seriously mentally ill can be treated for short periods before being supported in the community setting.



## Throughout IAM's 40 years in Afghanistan, how has it cared for its most valuable resource – its people?

### By establishing a Personnel Department

Initially IAM Team Members were the responsibility of the Executive Director's (ED) Office. Although the ED continues to be involved in the assignment and wellbeing of Team Members, a Personnel Department was begun in January 1994.

Functions of the department now include responding to inquiries, processing paperwork for applicants, assigning personnel to appropriate projects/offices, overseeing the Language and Orientation Programme, the Member Care Team and the Personnel Development Facilitator and serving as the liaison for the Educational Programme for IAM Children.

**Eighteen long-term Team Members and fourteen short-term team members were welcomed to serve with us this year.**

### By designing and implementing a reputable Language and Orientation Programme

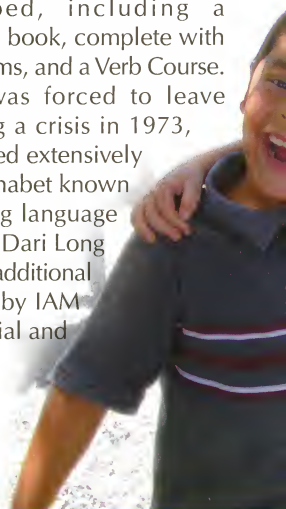


*The Glassmans ~ 1972*

IAM's Language and Orientation Programme formally began in the autumn of 1970 when Mr. Eugene H. Glassman, a linguist, organised the first "Dari Long Course", using materials he had developed, including a **Conversational Dari** book, complete with oral and written exams, and a Verb Course.

Mr. Glassman was forced to leave Afghanistan during a crisis in 1973,

but his materials have been used extensively by foreigners working here. His phonetic alphabet known as the Glassman Script has been used to produce ongoing language learning materials. This year 54 students participated in the Dari Long Course (34 IAM and 20 non-IAM). Throughout the country an additional 600 hours of private language lessons are taken monthly by IAM and non-IAM students. Language teachers are receiving initial and ongoing "on-the-job" training.



# Support Departments

In 1990 Randall Olson published **Speaking Afghan Pashto** and a "Pashto Long Course" was also developed. This year 2 IAM and 1 non-IAM students have been involved in this course. Other IAM Team Members have been studying Hazaragi and Uzbeki.

This year a Medical Dari book and a revision of the Verb Course were submitted for publication.



A structured orientation called "Initial and Continuing Orientation Programme" was approved by the IAM Board in 1978. The goal of this set of 16 weekly orientation sessions, consisting of lectures, cultural experiences, etc. was to "help new workers to communicate cross-culturally through word and life".

In July 2002 a four-day Afghanistan Orientation Course was organised for newcomers of all agencies, drawing on the expertise and experience of long-term expatriate workers and Afghan colleagues. To date, over 200 expatriates from the NGO and diplomatic communities have participated. The course manual **Enjoy Afghanistan**, published in 2004, has sold more than 1,000 copies.

The LOP Programme Manager attended a workshop for Language Learning Advisors in February and consequently introduced a new, more interactive approach to language learning, called the Growing Participant Approach, which is being used in addition to the Glassman approach.

### **By caring for the children of team members**

Prior to 1980, most IAM children attended Ahlman Academy, sponsored by the American Embassy. Since 1980 IAM has assisted in providing education for the team members' children. Due to various disruptions, the school has relocated to several cities – Kabul, Mazar and even to Peshawar and Islamabad, Pakistan.

An international curriculum in English was standardised in 1993 to ensure uniformity at the various school sites, providing a smoother transition for families moving to a different part of the country.



# Support Departments

Currently IAM schools are serving families of IAM and other agencies in Herat, Kabul, Mazar and Maimana. This year over 30 IAM children attended these schools, while nine children were home schooled.



Robert & Miriam Young ~ IAM Member Care

## By offering Member Care to the team

Provision of Member Care for the team began in January 1996 when Margie Dennis came to Afghanistan. Others have since served on the Member Care team which offers valuable counsel to team members facing struggles in cultural adjustment, interpersonal relationships, family difficulties, etc. Helping team members focus on God and His ability to help them work through issues, as well as obtain guidance has been their primary role.

Member Care workers travelled throughout the country to be available to meet with all team members.

A "Sharpening Your Interpersonal Skills" Workshop was held in May for 22 participants and a team building workshop was held in Herat in November.

## By initiating a committee to help meet Afghan employee needs

The Employment Relations Committee (currently the Employee Consultative Group (ECG)) was initiated in 1998 to serve as a venue for Afghan employees to have their concerns addressed. Employee salaries, contracts, suggestions, etc. are considered by this group for appropriate actions to be taken.

Mr Aziz Ahmad ~ Project leader (PTI)

The ECG met three times this year and a part-time ECG Coordinator was appointed to lead this effort.



A number of the Afghan employees have become involved in identifying their strengths through the Strengths-Finder exercise, enabling them to build more effective teams to better serve their own people.



## By facilitating learning opportunities for IAM personnel

The Personnel Development branch of the Personnel Department was begun in 2002. In 2005 a Training Needs Assessment was carried out, revealing a great desire by Afghan colleagues to avail themselves of further learning opportunities. A Performance Appraisal and Growth plan was also finalised.

In December a two-year-long training programme for senior leaders and potential senior leaders, both Afghan and expatriate, was begun by the Executive Director.

As a learning and development organisation focused on capacity building, the IAM desires to strategically invest in assisting team members and Afghans grow to reach their greatest potential. Supporting and equipping those who serve with the IAM enables them to better serve the people of Afghanistan.

### An invitation!

**Wouldn't you like to be part of creating IAM's future by joining this multi-ethnic team dedicated to coming alongside Afghan colleagues and enabling them to meet the needs of their own people?**

Let us help you! Just email us ([persdept@iamafg.org](mailto:persdept@iamafg.org)) your resume telling of your education and experience, as well as how you desire to serve in an IAM project or office. Link up with an agency in your home country, and let's move ahead with the application process.



Ruth Dougherty ~ Personnel Director

Skills in eye care, physiotherapy, finances, administration and management, engineering, general and specialised medicine, teaching English and community development are all needed to help projects reach their goals. Primary school teachers are in great demand for children of our expatriate workers throughout the country.



Eva Rönnlund ~ Personnel Manager

**Your contribution could make a difference! Join us in enabling Afghan colleagues to shape their country's future.**



IAM's International Headquarters is based in Kabul. The Headquarters keeps abreast of changes and assists personnel and projects in working according to Government policies and practices. The various departments and individual roles are summarised below.

### Executive Director <ED>

Harri Lammi has been the ED since 1999. The ED is responsible for all IAM programmes and personnel while directly supervising the Finance Director, Personnel Director, Regional Managers and the Deputy ED.



Harri Lammi

### Deputy Executive Director <DED>

Currently a shared role, the DED is more directly responsible for supporting and supervising the programme managers as they in turn oversee the individual projects. The Deputy ED also plays an important role in representing the work of IAM at a Ministry level and in co-ordination meetings involving donors and policy makers.



Danny Visitation  
&  
Grant Lock



### Finance Department

Good stewardship of the resources we receive is crucial to IAM. The Finance Department provides financial support services for IAM offices, projects and personnel. It also provides the financial reporting necessary for the Government and donors.



Tiia Juzi  
&  
Thiewlun Chin



# Support Departments



Ghulam Zurnati  
&  
Naqi Taqi



## Programme Liaison Officer & Deputy Liaison Officer

Working under the direction of the ED and DED, the Liaison officers support IAM programmes in relating to Ministries and negotiating protocols. They are involved in the 'big picture' of IAM's relationship with the Government and ensuring we are working under properly negotiated agreements.

## Donor Relations Officer

Working in close relation with the Finance Department, project leaders and donors, the donor relations officer is responsible for monitoring and reporting on the overall funding status of IAM as well as ensuring that donors receive the information they require.



Linda Bell



Martin Campbell

## Media Officer

The Media Officer is responsible for publications (including compiling the Annual Report), website development and for representing IAM at certain inter-agency/ international consultations. The media officer will also assist individuals with preparing visual and audio-visual aids for use in presentations.

## Central Logistics

Acquiring the right equipment and vehicles in the best possible time is essential to the smooth functioning of IAM projects. Doing this and dealing with customs clearance, forwarding, and travel bookings keeps the logistics department very much 'on the go'.



Zamen Ali



Abdul Moqim, Cory  
Schwepler & Abdul Wahed

## Communications

IAM has multiple centres in Afghanistan and is dependent on good nation-wide communications. The central communications department operates and maintains HF and VHF radio, satellite equipment and the Kabul network system. The department also assists with computer set-up and troubleshooting.

Other departments within HQ such as the Personnel Department and Professional Development have already been mentioned.





funding as recognised civil society organisations. The Governments of Finland, Sweden and Norway, for example, have supported the IAM work through a Member Agency, i.e. civil society channels. In addition organisations such as CBM (Christian Blind Mission) have supported the IAM eye care work for decades. Overall, IAM seeks to have multi-year funding for the capacity building and long-term development projects. We greatly value close partnership with our Donors.

### **Afghan colleagues**

IAM is very thankful for its dedicated and committed Afghan co-workers. We cannot express enough our appreciation for the large number of Afghan colleagues, who have faithfully served their own people in various capacities, such as office workers, drivers, finance specialists, teachers and guards and staffing mobile eye camps, hospitals and physiotherapy clinics, just to mention a few. I want to convey my sincere thanks and appreciation to all of them in this report.

The Ministry of Economy, and its NGO Department, have also been an invaluable source of support and encouragement to the IAM. We want to express our sincere thanks to the above mentioned Government Department and also to all the other central Government Ministries and the Regional Government Departments for their ongoing support and co-operation.

### **Future**

I have observed the Afghanistan country developments with a grateful heart over the past year but also with some concern. My concern has been the increasing lack of security in some parts of the country. The Government and the international body of supporters will need every encouragement to engage

**From the Executive Director**

11% and the remaining 9% came through the United Nations, gifts-in-kind and funding through governments. Most significantly, 14% of the support has come through local income, which has been approved by the relevant Ministries of the Afghan Government, under which IAM works. Our primary source of income is from our Member Agencies but we are thankful for all the means through which funds are provided.

## Banking

The Da Afghanistan Bank has become the operating central bank of Afghanistan. Banking services to the public have gone to private banking initiatives, which include both Afghan and international banks now operating in the major urban centres of Afghanistan. IAM is gradually changing to use these banking services, which could radically alter our finance services modus operandi in the near future. This is an exciting time as Afghanistan moves into the global economy.

e income

Estimated personnel  
contribution by  
Member Agencies  
40%

## Currency exchange

Since the introduction of the new Afghan currency and financial controls in December 2002, the Afghani has remained remarkably stable against the US dollar. This stability enabled IAM to begin recording all financial transactions in the currency in which they occur rather than changing each transaction to US dollar at a spot rate. By reducing the number of conversions required by approximately 40,000 transactions annually, our cashiers have more time for monitoring of financial services.

## Taxation

Income tax was introduced in September 2005. Our employees have felt this is a good step forward for the country, and look forward to enjoying the commensurate services promised. However, it



## Activity Expenditure



has required extra work for the finance department in assisting employees and expatriate volunteers meet these requirements.

### Challenges and opportunities

The opportunities in the current environment are many. As IAM explores opportunities to reach underserved and rural areas this will present considerable

logistical and financial challenges. Reaching some of these remote regions will require higher administrative and logistical costs than many donors are comfortable paying.

Historically, IAM has been able to provide unit costs per capita at very low rates compared to many other service providers. This has a consequence of making our administrative costs seem high. One contributor to this is the many professional personnel provided by our Member Agencies at no cost to the Afghan economy. However, since expatriate salaries do not appear in the project budgets, the administrative costs appear disproportionately high. Banking and financial services are more of a reality in Afghanistan today than at any point in my fifteen years of service here. We are now able to operate in multiple currencies with confidence.



Steve Martin ~ Finance Director

IAM would again like to thank all who have been faithful supporters of our work throughout 2005. We look forward to continuing our partnership as we continue to serve the people of Afghanistan.

*Steven Martin*

Yours sincerely

Steven Martin (IAM Finance Director)



# Financial Report



# The International Assistance Mission

## Balance Sheet\*

Year ended 31st December 2005.

*\* Finances pending audit at time of printing*

### ASSETS

Debtors	\$	488,665
Inventories		387,422
Prepaid Expenses		71,205
Investment		158,141
Cash on hand/bank		956,622
<b>Total Assets</b>	<b>\$</b>	<b>2,062,055</b>

### LIABILITIES

<b>Creditors</b>	<b>\$</b>	<b>665,971</b>
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### FUNDS & RESERVES

Project		1,001,138
General		(132,613)
<b>Total Funds</b>		<b>868,525</b>
Designated Reserves		527,560
<b>Total Funds and Reserves</b>		<b>1,396,085</b>

**Total Liabilities and Funds and Reserves \$ 2,062,056**

Donations to assist the work of IAM should be forwarded to the following accounts:

#### Lloyds TSB Bank

Charing Cross London Branch, 49 Strand, London, WC2N 5LL, UK  
Account Number 00361489  
Sort Code - 30-91-79

#### Wachovia Bank

740, 15th Street N.W., Washington, D.C. 20005, USA  
Account Number: 2000014004809  
Sort Code: 054001220

#### Deutsche Bank

Postfach 200606, D-80271 Munchen 2, Germany  
Account Number: 2306850 00  
Sort Code: 70070024

### CONTACT DETAILS

IAM Headquarters:

Street Address: IAM HQ, Sarak-e-Shora, Kart-e-Seh, Kabul, Afghanistan  
Postal Address: IAM HQ, P.O. Box 625, Kabul, Afghanistan  
Phone Numbers: Office Hours 00 93 (0) 20 250 1185 or  
00 873 762 841 460  
00 93 (0) 799 343 849 (24 hours)  
E-Mail: [hq@iamafg.org](mailto:hq@iamafg.org)  
Fax: 00 873 762 841 461

48



[www.iam-afghanistan.org](http://www.iam-afghanistan.org)

Cover picture: CDP building flood protection in Northern Afghanistan